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# THE CANADIAN NURSE

## AND HOSPITAL REVIEW

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## DECEMBER, 1923


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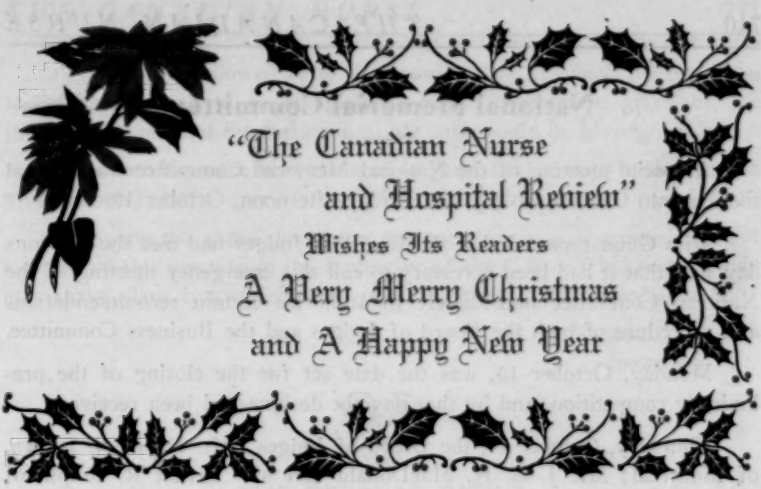


THE

# CANADIAN NURSE

**A Monthly Journal for the Nursing Profession in Canada**

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XIX. VANCOUVER, B. C., DECEMBER, 1923 NO. 12

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## National Memorial Committee

A special meeting of the National Memorial Committee was held at the Toronto General Hospital on Friday afternoon, October 19.

Miss Gunn reported that the Board of Judges had met the previous day, and that it had been necessary to call this emergency meeting of the National Committee immediately to authorize certain recommendations and procedure of both the Board of Judges and the Business Committee.

Monday, October 15, was the date set for the closing of the preliminary competition, and by that day six designs had been received.

Thursday, October 18, the Board of Judges (Mr. David N. Brown, of Montreal; Mr. J. E. H. MacDonald and Mr. Ernest R. Rolph, of Toronto) met at the General Hospital, and the designs were unpacked in their presence. The Board met both morning and afternoon, and finally gave their decision in a written report to Miss Gunn. Three designs were considered worthy of further development. The authors of those designs are: Mr. C. W. Hill, R.C.A., 255 Fleury Street, Montreal; Mr. H. H. Stansfield, 85 Alcina Avenue, Toronto; Mr. Alfred Howell, 208 Kingswood Road, Toronto.

The Board of Judges also met with the Business Committee on October 18, and certain recommendations were made to our National Committee as a result of that meeting:

(1) That an honorarium of $100.00 be paid to each of the artists who had submitted the designs which are not being selected for further development; in that to follow the ordinary procedure of such competitions.

(2) That a reproduction of the arch in which the memorial is to be placed be prepared, in order that the final designs may be properly judged. The arch would be used by the Board of Judges in doing their final work in Toronto, and also in Ottawa by the Parliamentary Committee when the designs are submitted to them. Mr. Cleveland will have the arch prepared. (The secretary was instructed to notify Mr. Cleveland of our willingness to have this done.)

(3) That the sculptors will be asked to have their full-sized models ready by March 1, 1924.

(Since then a later date has been set. The models must be submitted within six months from the time that final directions and specifications are sent to each of the three competitors; but there is at present some delay over obtaining those specifications. It is hoped these specifications will be ready by December. Hence, the full-sized models should be submitted by June, 1924.)

A discussion followed as to the possible date at which the memorial might be expected to be completed. From information given by the judges, it seems that the earliest possible date would be March, 1925.

(The date has since been changed to June, 1925, owing to the reasons given above.)

Following the above discussion, the secretary was instructed to send a report of this meeting to the Executive of the C.N.A.T.N., so that they may make plans concerning next year's meeting of that association.

E. K. RUSSELL,
Secretary.

## THE ETERNAL RIGHT

O sometimes gleams upon our sight
Through present wrong the eternal right;
And step by step, since time began,
We see the steady gain of man—
That all of good the past hath had
Remains to make our own time glad,
Our common daily life Divine
And every land a Palestine.
Through the harsh noises of our day
A low, sweet prelude finds its way;
Through clouds of doubt and creeds of fear
A light is breaking calm and clear.
Henceforth our hearts shall sigh no more
For holden time and holier shore;
God's love and blessing, then and there,
Are now and here and everywhere.

## CHRISTMAS

Light of the everlasting morn,
Deep through my spirit shine;
There let Thy presence newly born
Make all my being Thine;
There try me as the silver, try
And cleanse my soul with care,
Till Thou art able to descry
Thy faultless image there.

—*English Carol.*

## Healing Cults

(Concluded.)

The treatment which will be of benefit in one disease may cause serious injury or be fatal in another. In emergency cases, a prompt recognition of the conditions existing is of vital importance, since failure to promptly apply the right treatment may result in the death of the patient. Everyone engaged in the art of healing, therefore, whether he is a physician, or whether he is an osteopath, a chiropractor, or the follower of any other system or method, needs to have a knowledge of the living body and its many complex normal functions, otherwise he is unable to recognize abnormal conditions and their causes. He needs to be familiar also with the various forms of treatment which are of generally recognized value, so that he may be able to apply the right treatment to each particular patient. The interests of the public, therefore, require that there should be one reasonably high educational standard for all practitioners of the healing art, regardless of the system or method of treatment advocated, and that no one be given authority to treat the sick unless he measures up to that standard.

Many thousands of remedial agents and procedures are used in the treatment of human disorders, the use of any or all of which are included under the general term, "the practice of medicine." Many patients require surgical treatment—those having wounds in which arteries are severed, or injuries in which bones are broken; or those suffering from malignant tumors, such as cancer and sarcomas, or from obstructive tumors such as fibroids, laryngeal tumors, etc. In such cases it would be dangerous or fatal to omit the surgery and to depend alone on manipulation of the spine or on giving only a medicinal substance. Patients with diphtheria must be isolated to prevent the spread of the malady; antitoxin should be promptly administered, local antiseptics applied, and other routine forms of treatment followed. To omit the antitoxin and use any one form of treatment, such as massage, would be disastrous. Failure to recognize the disease as diphtheria would endanger the entire community from the probable spread of the epidemic. Again, patients who have taken poisons, many of them accidentally, require the prompt use of antidotes, some of which are powerful drugs. Here, again, to substitute some other form of treatment, such as massage, suggestion, prayer, manual manipulation, or rubbing of the spine, would be futile, and the patient would simply die from neglect. To know what treatment to apply, and to avoid dangerous errors, a scientific training is essential. So in the practice of the healing art—everyone who treats human diseases and disorders by any special method or system of treatment, regardless of what that method is, should have a thorough training in the fundamental medical sciences, so that he may know not only when to use the particular method he is specializing in, but also (just as important) when that method should not be used. Here, again, the use of a wrong remedial

agent in the treatment of a patient may be more disastrous than if such treatment is not used at the time the indications call for it. The omission of the right treatment may indeed have serious results; a wrong treatment may result in the death of the patient or seriously complicate his trouble. To insure efficient care of the sick, therefore, a scientific education is required. Granted that there is some good in the methods of healing employed by osteopaths, chiropractors and others, that good will in no way be diminished if those employing such methods are first required to obtain a thorough training in the fundamental medical sciences Require everyone who wishes to practice the healing art to show he possess the proper education; then grant him a license as a physician, and let him use any method which his educated common sense may indicate. Doctors make mistakes; therefore raise, not lower, the standards.

What is the greatest asset of this country?

"In the health of the people
Lies the wealth of the nation."

—GLADSTONE.

Therefore, appeal for safeguards for our greatest asset.

## WHY WE NEED FOOD

We need food for three reasons—to build and repair the worn-out parts of the body, to give energy or strength for work, and to regulate body functions. Just like any other article, the body is worn out by use, and this waste has to be made good. The foods that are valuable for this repair are largely those of animal origin, meat, fish, eggs, milk, cheese. The energy foods are those rich in starch, sugar or fat. The cereals, breadstuffs and potatoes belong to the starches, sugar itself, sweet fruits, and some root vegetables like carrots and beets furnish sugar, and butter, oils, and fat of meat give the fats. The third group is perhaps the most important and the one usually least considered. In it belong milk, green vegetables, and fresh fruits. These give the valuable minerals, particularly iron, lime, and phosphorus, and the vitamines about which you read so much these days. The latter are important food elements that are essential to life.

An adequate diet is made up of representatives of all three classes. In adults there is not a great deal of building or repairing going on in the body unless there is vigorous muscular exercise, so that not a large quantity of the foods of the first class is necessary, with the exception of milk. Those leading a sedentary life should be particularly careful of over-indulgence in this group of foods, especially meats, as their too-liberal use tends to produce intestinal disorders and discomfort, and to throw great strain on the kidneys, which may lead to diseased conditions in those organs.—JOSEPHINE A. MARSHALL in *The Health Builder* for March.

## Endemic Goitre Problem

W. Riggs, M.D., Vancouver.

Goitre as a disease has been recognized since the early days of the race. At a period 2000 B.C. the Hindu religion contained incantations for the exorcism of goitre; the early Greek physicians prescribed the ashes of sea sponge for it, thus unconsciously approaching the basic idea of modern treatment. Down through the history of European medicine and literature are traces of recognition of goitre as a disease. It was Paracelsus, in the early sixteenth century, who associated Cretinism with goitre—during the nineteenth century the public health aspect was recognized by the appointment of government commissions to investigate cause and prevention.

It is recognized that there are districts in which goitre is endemic, and few countries in the world are free from such districts. In Canada, these districts are: the basin of the St. Lawrence, the basin of the Great Lakes, British Columbia and Western Alberta.

Living as we do, in a region which is known as a goitre area, we should concern ourselves with the question as to whether endemic goitre is of serious import to a country.

In any country where there are a large number of endemic goitre cases, there is a certain percentage of cases of cretins and cretinoid idiots. In 1874, a goitre commission in France reported that the goitrous cases were estimated at half a million, while there were 120,000 of cretins. In this country there is no means of estimating the number of cretins, but, judging by other statistics, it must be of very definite percentage, and, unless measures are taken to control it, that percentage will increase with succeeding generations. This because the law of heredity passes on to the succeeding generation (in greater or less degree) the constitutional defects of the parent. Here the condition of the system, possibly a deficiency of iodine or of the power of assimilating iodine, is transmitted, judging from other countries' statistics, in an accentuated form. In a very few generations, therefore, we are going to increase the number of children in which the thyroid refuses to function. As the thyroid is necessary for cell function, the deficiency is noted in matters of growth and of nerve power. Hence we get the stunted cretin and cretinoid imbecile.

Most endemic goitres are found among females, and begin about the onset of puberty. As the system readjusts itself, the goitre may disappear; but of those that remain—because of the call on the system through the vicissitudes of sexual life—the majority become adenomatous. The adenoma consists of new tissue developing within the old, and apparently leads either to an over-production of the thyroid secretion or to an altered secretion, which produces toxic symptoms in the system. The toxicity in a high percentage of these adenomata leads to a condition of the system which calls for removal by operation of the growth.

As hinted above, there are several theories as to the cause of endemic goitre. Probably to-day the majority favor the deficiency theory, which explains the over-growth by a deficiency of iodine in the system. Why the machinery for the transformation of mineral iodine into a colloidal form is increased in size and capacity—when the supply is deficient—is not explained by the advocates of this theory.

Then McGarrison and a number believe in an infectious origin. Experience in India, where the water was obviously infected, and from experiments with intestinal bacteria, McGarrison came to the conclusion that a form of bacteria, possibly from the intestinal tract, was necessary for the enlargement of the thyroid.

As the water, which apparently has much to do with the cause of goitre in these districts, comes from mountainous areas, or from certain earth formations, it is possible that decaying vegetation, with the multiplication of a certain type of saprophyte, may have something to do with the enlargement. Because it is known that in infections the thyroid enlarges—apparently in response to an extra call for its secretion in an endeavor on the part of the system to overcome the poison.

Whatever the cause, it has been found that iodine, whether acting as an antiseptic or supplying a deficiency, is of great value. As we find the results of uncontrolled goitre in the increase of cretins on the one hand, and definite percentage of adenomas on the other, we feel that it is highly desirable from the standpoint of the community that an effort should be made to control it. That it can be prevented to a large degree is shown by the work of Marine in Akron, Ohio. In this, a goitrous district, school girls with normal thyroids, from the fifth to the twelfth grades, were given treatment. At the end of six months, a re-examination showed that of the 764 who had taken the treatment none had developed goitre; while of 1,879 who had not, goitre, shown by increase in the gland, had developed in 26 per cent. The form of treatment was simple, consisting of a salt of iodine given in small doses—for ten days—at six months' interval. This not only kept normal children free from goitre, but in mild cases caused one-third to disappear.

From the showing made by this experiment, it would be easy to eliminate simple endemic goitre from the list of diseases to which girls of this country were subject, by continuous prophylactic treatment. An effort toward this end should be made by our school trustees and health authorities.

## INFLUENCE

Even as the odors of a garden flower
Are borne in devious ways on still night air—
So, in each life bides an unconscious power
To waft its influence we dream not where.

EUGENE C. DOLSON.

## International Council of Nurses

The committee of the International Council of Nurses has just concluded in Copenhagen a business meeting to enquire into various matters of importance to the nursing profession which had arisen after the war. Many foreign delegates were present, including the following: From New Zealand, Miss Bicknell, who is taking up the post of chief health nurse of New Zealand's four provinces; from U.S.A., Miss Clara D. Noyes, leading Red Cross nurse of the United States, Miss Isabel Stewart, Professor of Columbia University, New York, and Miss Adda Dines, administrator and instructor at the Western Reserve University, Ohio; from England, Miss Lloyd-Still, matron of St. Thomas' Hospital, London, Miss Rundle, secretary of the College of Nursing, Ltd., and a representative of the National Council of Nurses; from Scotland, Miss Gill, lady superintendent of the Royal Infirmary, Edinburgh; from Germany, Generaloberin Agnes Karll, president of the German Nursing Association; from France, Mdle. de Joannis, head of a school of nursing in Paris, Miss Olmsted, head of the American Division of European nurses under the League of Red Cross Societies, and Miss Walker, from Soissons, head of the children's welfare department of the American help-committee in France; from Roumania, Miss Anscombe, matron, American Red Cross Hospital in Bukarest; from Poland, Miss Bridge, matron of the American Red Cross Hospital in Warsaw; from Serbia, Miss Newton, matron of the American Red Cross Hospital in Belgrade; from Italy, the Marchesa Targiani di Guiunti, president of the Italian Association of Nurses; from Belgium, the Comtesse d'Ursel, leader of the Belgian Union of Nurses; from Holland, Miss Verney-Majan, president of Nosokomos, the Dutch Society of Nurses; from Norway, Sister Bergljot Larsson, president of the Norwegian Union of Nurses; from Sweden, Sister Bertha Wellin, member of the Rigsdag, president of the Swedish Union of Nurses, and Sister Sigrid Hojer; from Finland, Baroness Mannerheim, president of the Finnish Union of Nurses, Principal Fru Lackstrom, editor of *Epione*, and Froken Snellman, inspectress of child welfare under General Mannerheim's Union for the Protection of Children.—*The Nursing Times.*

## THE CHILD WELFARE SYSTEM IN NEW ZEALAND

New Zealand has the lowest infantile death-rate in the world, and it has been still further reduced this year.

America sent over a representative to study the child welfare system evolved by Dr. Truby King.

South Africa has sent for a nurse trained by Dr. Truby King himself while in London, and who has been studying his work in New Zealand for the last eighteen months.

# Editorial

Merry Christmas to all, and, as says Tiny Tim, "God bless us all," and this is our wish to all the nurses in Canada.

Who among our number but remembers with great pleasure the full, busy Christmases of their training, when our own personal plans seemed so small and of so little importance, in view of the pleasure and joy to be given the inmates of our hospitals? From the early morning singing of carols, till the last visitor left, and the patients settled down for the night, it was always one of the days of the year looked back to with a satisfaction not always felt at the end of our regular hospital days. Happy are the hospitals which have Social Service Departments and where the pupils are given a taste of the privilege of giving to those who, without this help, would have a meagre Christmas festival. Could each association of nurses all over Canada take this year, as their Christmas offering, some practical help for the sick and poor in their own home town? There are so many people, known perhaps to the nurses through their work, who, though the very last to ask for help, would appreciate, more than they can express, the thoughtful and loving attentions of the nurses. Particularly should we have a special interest in the sick and elderly nurses. Elderly nurses are just now appearing on our Canadian horizon, as our profession is so young, but they are here, and at Christmas must often feel the need of some little Christmas thought and cheer. We must not be too self-centred, and as a profession will be all the stronger and better for some social service work among our fellow citizens, either as members of an association or as individuals and perhaps both.

*The Canadian Nurse* Magazine wishes all its readers a Merry Christmas and a Happy and Prosperous New Year.

* * * *

## Postage Stamps are not to be used on Cheques or Receipts After October 1st, 1923

Subsection 2, of Section 10, of the Special War Revenue Act, dealing with stamp tax on receipts and cheques, came into operation on October 1st, after which date you will be required to use the *excise tax stamp* in place of the ordinary *postage stamp* that has been so commonly used in the past both on receipts and cheques.

Your particular attention is drawn to this matter to avoid the possibility of your cheques being dishonored in the event of your using postage stamps in place of excise tax stamps, as we understand from the banks that the use of *postage stamps* on cheques will, to all intents and purposes, be construed as unstamped. Please do not forget exchange on cheques.

## National Office, Canadian National of Trained Nurses

The Executive Committee of the Canadian National Association of Trained Nurses wishes to announce that a national office for the association has been established at 609 Boyd Building, Winnipeg, Man., with Miss Jean S. Wilson, R.N., Executive Secretary, in charge.

The nurses of the various associations affiliated in the National Association have long felt the need of a headquarters office with a full-time secretary, and at the annual meeting held in Edmonton in June, 1922, a majority vote of the associations represented decided on the establishment of such an office.

It is the wish of the members of the National Association that this office should become a Bureau of Information for the various branches of the nursing profession in Canada. Nurses wishing to obtain positions should send a request to the executive secretary for an information form. Hospitals, institutions and organizations employing registered nurses are recommended to refer to the executive secretary when wishing to obtain the names of nurses available for their needs. No fee or commission is charged for any assistance received through the National office.

The duties of the treasurer and archivist have been delegated to the executive secretary.

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## Reports from the Secretaries of the Provincial Associations for June, July, August, 1923.

### ALBERTA

The private duty nurses have been somewhat busier during the latter part of the summer. This has been due probably to a number of nurses having left for other parts of Canada or the United States. There are no vacancies in hospital positions, and at present there is no prospect of any extension in either district or public health nursing. It is possible there may be an increase in the activities of the Red Cross Society as a result of a more bountiful harvest than there has been for several years.

The annual meeting of the Alberta Association of Registered Nurses was held in Calgary in September. During the convention, by an almost unanimous vote, it was decided to increase the annual fees of the association so as to include the amount for the special levy for the financial support of the National office in Winnipeg. A committee, with Miss C. Lonsdale as convener, was appointed to make a survey of the need of a type of nursing service during illness in the homes not at present provided for by the nursing profession in Canada. In reply to a request from the Executive Committee of the Canadian National Association of Trained Nurses for an expression of opinion on the question of midwives, the following resolution was passed:

"Resolved that we, as an Association of Registered Nurses, realizing the needs in our outlying and sparsely-settled districts, feel that we cannot recommend the establishment of the midwife, as such, in our province. We do not feel that she should assume such responsibility. We would respectfully recommend that small hospitals be established in the outlying districts, with modern equipment and staffed by qualified nurses with special training in obstetrical nursing, and that some arrangements be made by which a properly qualified medical man might be attached to these districts. We would deplore the introduction of the midwife, as such, as we feel that the solution would be a short-sighted one; it would give us another element to be watched and supervised, and we fear she would be an expensive makeshift."

The nurses of Alberta are pleased to welcome to the province Miss McCammon, graduate of the Montreal General Hospital, and of the School for Graduate Nurses, McGill University, Montreal, who, in October, arrived in Edmonton to take charge of the school for nurses at the University Hospital.

### ONTARIO

One meeting of the Executive Committee was held during the summer. The reports of the various standing committees presented at this meeting, in September, showed that the work for the coming year had been thoroughly organized, and with some progress already reported. The Committee on Legislation reported that 2,453 nurses had registered in Ontario. The Private Duty Committee reported that a most successful extension course for private duty nurses had been held during August at the University of Toronto. About 350 nurses were enrolled for this course. The committee to consider the standard minimum curriculum for training schools reported the results of the work of this committee, which would soon be ready for presentation to the Executive Committee of the Graduate Nurses' Association of Ontario.

## INTERNATIONAL NEWS

Miss Cora E. Simpson, R.N., has been appointed general secretary to the Nurses' Association of China, which is affiliated with the International Council of Nurses. In acknowledging the greetings of the National Council of Trained Nurses of Great Britain and Ireland, upon admission to the I.C.N., Miss Simpson writes: "Thank you very much. This resolution, with your letter, will be presented at the National Conference of the Nurses' Association of China, to be held in Canton in February. We are looking forward with great pleasure to meeting members of your National Council at Helsingfors in 1925."

# Public Health Nursing Department

**EXECUTIVE COMMITTEE**

Chairman—Miss Florence Emory, Room 308, City Hall, Toronto, Ont.
Vice-Chairman—Mrs. Charlotte Harrington, 104 Spark Street, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

**PROVINCIAL REPRESENTATIVES**

**Nova Scotia**—Miss Margaret McKenzie, Department of Public Health, Halifax, N. S. **New Brunswick**—Miss H. T. Meiklejohn, Health Centre, St. John, N. B. **Quebec**—Miss Margaret L. Moag, R.N., 46 Bishop Street, Montreal. **Ontario**—Miss Ella Jamieson, Provincial Department of Education, Parliament Buildings, Toronto. **Manitoba**—Miss Anna E. Weld, Provincial Health Department, Winnipeg. **Saskatchewan**—Miss Hilda MacDonald, 323 Sixth Avenue, Saskatoon. **Alberta**—Miss Elizabeth Clarke, Provincial Department of Public Health, Edmonton. **British Columbia**—Miss Mary Campbell, R.N., Suite 8, 1625 Tenth Avenue, West, Vancouver, B. C.

**Address public health news items to the nurse who represents your province on the Publication Committee. Miss M. E. Wilkinson, Ontario Red Cross, 410 Sherbourne Street, Toronto, Convenor.**

**Nova Scotia**—Miss Richardson, 6 Pepperill Street, Halifax, N. S. **New Brunswick**—Miss H. Meiklejohn, 134 Sydney Street, Health Centre, St. John, N. B. **Quebec**—Miss Elizabeth Smellie, 46 Bishop Street, Montreal. **Ontario**—Miss B. Knox, Provincial Board of Health, Spadina House, Toronto. **Manitoba**—Miss F. Robertson, 753 Wolseley Avenue, Winnipeg. **Saskatchewan**—Miss Marion Lindebaugh, Assiniboia, Saskatchewan. **Alberta**—Miss K. S. Brighty, care of Provincial Department of Health, Edmonton. **British Columbia**—Miss M. MacLean, 3151 Second Avenue, West, Vancouver, B. C.

## The Saskatoon Health Centre

In making a report on the organization of the Child Welfare Clinic and activities of the health centre of Saskatoon, we feel that the work accomplished during the past year is in large measure due to the establishment and equipment of the clinic. The clinic was organized, equipped, and is supported by the Hugh Cairns, V.C., Chapter of the I.O.D.E., and consists of two rooms—a rest-room, furnished with couch, easy chairs, and a table, on which is kept supplies of health literature from the Provincial and Dominion Health Departments for distribution; and the clinic proper, with its up-to-date equipment, which is, from time to time, supplemented as the need arises, the latest additions being laryngoscopic and urinalysis sets.

The clinic was formally opened on March 28th, 1922, and the first Child Welfare Clinic, for children under two years of age, was held on April 22nd, with an attendance of ten. Two clinics are held each week. Histories, weights and measurements are taken by the nurses in charge on Tuesday afternoon, and a physical examination is made on Friday morning by the physicians in attendance for the month. Records are kept of all examinations, and a copy given to each mother. Follow-up work is often found necessary, and visits are made to the home by the

nurses. The total attendance for the year ending December, 1922, was 556, which we feel is very encouraging, and which shows that the mothers of the city appreciate the opportunity afforded them. The members of the local medical association have recognized the importance of this work, and two members each month give their services from 11 to 1 o'clock every Friday morning. A number of the members of the association have also expressed their willingness to take the work at the sick baby clinic now being organized.

A nutrition clinic for poorly-nourished and under-developed children is held on Thursday afternoon. Histories, weights and measurements are taken of these children; a visit is made to the home to ascertain home conditions, and advice is given as to proper food, rest and exercise. Charts are kept, and the children return regularly to be weighed.

Inoculation clinics are held on Monday and Friday afternoons and Saturday mornings. The work done at these clinics for the year 1922 is as follows: Smallpox vaccinations, 498; typhoid fever inoculations, 1,577; pertussis inoculations, 12; diphtheria antitoxin inoculations, 80; Schick tests, 104; toxin antitoxin inoculations, 134.

Tuberculosis clinics are held twice a week. During the year 1922, thirty-six examinations have been made by Dr. Wilson, Medical Health Officer, and sixty tuberculin tests have been done. Of these cases, six have been admitted for treatment to the Fort Qu'Appelle Sanitarium. The I.O.D.E. Chapters of the city have co-operated in this work, and are maintaining two of these patients. This is work that has been made possible only by the equipment supplied by the I.O.D.E.

The Day Nursery is also under supervision of the Health Department. Children are admitted up to school age, and are cared for by the matron and one assistant. At present we have twenty-six children on the list, with an average of twelve in attendance. All children are examined by the nurse, or the Medical Health Officer, on admittance, and a weekly examination is made and records kept of their weight and development.

Two nurses are engaged in the work at the health centre, one nurse being always in attendance for clinic work, while one is engaged in district visiting.

The total attendance at the clinics for the year 1922 was 3,358 persons. The district visits made total 2,595, which represents baby welfare work, pre-natal, medical, and tuberculosis visits, relief inspections, visits at the babies' home and children's shelter, child hygiene work, etc.

We are fortunate in having a central location for the Health Department, where our two large windows are admirably adapted to the health educational exhibits which are conducted by the Red Cross Society, and in which the Health Department gives all the assistance possible. Interest

is being shown by other organizations of the city in this work. The public library has already had a splendid exhibit, and the City Hospital is planning one for Hospital Day.

E. M. HAGERMAN.

## Home Nursing and Child Welfare in the Rural Districts

In Western Canada, where the greater part of the population is of a rural nature, the health of the country people is of tremendous importance, and is a subject deserving of the most serious consideration.

In the past the general opinion has been that health abounds in the country districts, where the atmosphere is pure and the simple manner of living tends to provide general well-being.

Investigation proves that this is far from being the case, and unsanitary conditions of home and farm are a constant menace to health. For instance: Generally, the farmer builds his house after his own fancy, with no view to ventilation, and during the winter months he, as far as possible, seals any crevice which might admit a little cold air; therefore he and his family, while indoors, are constantly re-breathing the same air. So we cannot be surprised at the prevalence of diseases of the respiratory system. The cities are generally provided with the means of gaining knowledge on the subjects of health and sanitation, and have greater facilities for the maintenance of health and the prevention of disease.

For this work in the rural districts nurses, specially trained, are employed, and a special course has been arranged on "Home Care of the Sick and Care of Children." This course was introduced in order to include all classes of women, as well as the older girls.

The lectures and demonstrations include: Personal hygiene, prenatal care, general care of bed patients, bed-making, changing of linen with patient in bed, and all details in care and management of children from birth to school age. The work of saving the lives of children and having them grow up well and strong must be started before they are born, if we are to have the best results.

The great hope lies in the education of mothers, with regard to infant feeding, general sanitation, and hygiene. It should be our constant aim to endeavor to procure for parents necessary instruction and hospital care, and to urge upon them the necessity of taking advantage of such measures.

The course must of necessity be general in application, and therefore limited in extent.

In addition, in order to impart as much useful information as possible, particularly to young mothers, infant welfare conferences are arranged as frequently as possible in conjunction with the nursing classes.

Children of pre-school age are medically examined, and any defects found are referred to the family physician for remedy. In this way much has been accomplished with regard to such conditions as diseased tonsils, adenoids, and decayed teeth. Such conditions have injurious effect if allowed to persist, causing mental backwardness and such serious infections as rheumatism and heart disease, etc. As a result of clinics, many defects have been remedied early.

Information obtained at these welfare conferences suggest that many deaths are due to preventable causes and want of knowledge on the part of the parents—diseases of the digestive system, due to improper and irregular feeding; bronchitis and pneumonia, due largely to unhygienic surroundings.

Last year there were born in Saskatchewan 22,980 children, or an average of 61 each day; and of these, 2,413 died before they were a year old (average of 6.6 daily), and 1,200 did not live one week (including still-births). For every 1,000 born, 105 died under one year of age.

Diseases of the digestive system account for 294 of the deaths; or it might be said that over 12 per cent. of the babies who died under one year died as a result of improper feeding.

Considering that Saskatchewan is the youngest province in the Dominion, it is with pardonable pride that we state that this province has the *second lowest infant mortality rate in the Dominion!* British Columbia holds first place.

The Union Hospital scheme was established principally to enable mothers to make use of hospital care during confinement; and that they are using the hospitals for this purpose is shown by the fact that in 1916 one child in every eleven was born in a hospital, whereas in 1921 one child in every six was born in a hospital.

Medical help has been difficult to obtain in many districts, and some of the people cannot afford even the necessary outfit for a new-born baby. The Bureau of Public Health has been giving relief to such cases in the form of a maternity grant ($25.00). Saskatchewan is the only place giving assistance of this nature in America.

The work in home nursing and child welfare covers the entire province, in proportion to the amount of time of the nurse, as well as taking into consideration distances which she must travel and the mode of travelling.

Each year we are reaching a larger proportion of the people through demonstrations, exhibits, educational posters and health films.

The *end in view* of the short course is to teach the women of the community the application and daily use of the methods presented.

The *aim* is to make the talks informal, but impressive.

An important factor in teaching home nursing and child welfare in the rural districts to the women is that they may know better how to

create a healthful atmosphere in the home, as well as how to care for their own when sickness comes.

It may be said of much of the health knowledge of adults that it is not that the people are so ignorant, but, as Artemus Ward said, "They know so many things that are not so."

The short course is held with the excellent co-operation of the Women Grain Growers, Homemakers' clubs, Red Cross societies, I. O. D. E., etc. These clubs furnish opportunities for the mothers and health educators to get together and discuss health problems which are of real benefit to the community.

A booklet, "Care of the Baby," gives, in condensed form, instruction to mothers on pre-natal care and general care of babies. This booklet is distributed free at all classes. Health leaflets, printed in English and French, on communicable diseases are distributed free upon request.

In conclusion, may I state that in 1922 forty-four baby clinics were held and 1,906 children examined. These examinations revealed some 5,670 defects.

The short course in home nursing was given at eighty different places in the province, with an average attendance of fifty women, thereby reaching approximately 4,000 women.

CHRISTINA R. PEERS, R.N.

## Survey of Pre-School and School Age Children in Ontario

Not the least interesting part of the survey of school and pre-school children, now being made in the Province of Ontario, is that section of the country which was chosen for the work. We wonder if, as Canadians, we know and appreciate the beauties of our own land—or do we often miss those nearest at hand? Surely the Dundas Valley, in the County of Wentworth, is one of the beauty spots of Ontario, or even Canada! Long before the now flourishing City of Hamilton had passed the hamlet stage, Dundas was the thriving centre for the Valley and the surrounding country. At that time a boat, plying between Dundas and Toronto, noted on its schedule, "Calling at the Port of Hamilton." Many interesting stories are told of the old canal, the toll-gates, and the varied happenings of the days before the railway came along the hillside on its way further west.

To-day we, who have been fortunate to come to Dundas, have found the old town delightful; its citizens more than hospitable; and the beauty of its hills and valleys, its winding roads and rich autumn colorings, quite beyond our power to describe.

This survey of pre-school and school children being made in Dundas, and the Township of West Flamboro, is part of a Dominion-wide move-

ment held under the auspices of the Canadian Tuberculosis Association, with the assistance of the Canadian Red Cross, who have provided the larger part of the funds. The central committee, with headquarters at Ottawa, have under them a provincial committee for Ontario in Toronto, and this latter committee chose the town of Dundas and the surrounding country as the most suitable place to carry on this survey — partly on account of proximity to an up-to-date and well-staffed sanitarium and partly on account of the hearty co-operation of the Hamilton Medical Society, whose members volunteered to do the necessary examining of the children. In British Columbia and Saskatchewan, where surveys are already complete, particular attention was paid to tuberculosis only; but the present survey includes everything that may be affecting the general health and proper development of the child.

Preliminary to the actual survey, the school trustees of each section were interviewed and permission obtained for their school to be included. In addition, an explanatory letter and a permission slip were sent out to all parents, and no children were examined without the parents' consent. Parents were invited to be present at the examination; and the large number who availed themselves of this opportunity, as well as the comparatively small number of refusals for the examination, has been very gratifying to those who are conducting the work.

In Dundas, the survey will include pre-school age children — the public, separate, and probably the high school. In the rural communities, each school has been visited, and many mothers brought their younger children to the school on the appointed days in order that they also might receive the benefit of a thorough examination.

In addition to the general medical examination, each child is given a vision test, and ear, nose and throat examination by a specialist. As this part of the country is in the so-called "goitre belt," any tendency to enlargement of the thyroid gland is particularly noted. Height and weight is recorded and percentages under or over weight for height computed. Afternoon temperatures are taken and, where over 99.4, repeated at a later date in order to offset possibility of rise in temperature, due to excitement or other minor cause on the first day. X-ray plates are taken of all children; the Eastman Kodak Company have donated some 600 films. By means of X-ray, afternoon temperature, and intra-cutaneous tuberculin test on each child, also special chest examination of suspect and contact cases by specialists from the Mountain Sanitarium, it is hoped that any evidence of early tuberculosis, whether human or bovine type, will be detected. In the rural communities it has already been interesting to note the relation existing between the number of tuberculin tested herds in a given community and the number of children giving a positive reaction to the intra-cutaneous test.

This work is being conducted by the Hamilton Medical Association, which society is particularly to be commended that so many of its mem-

bers have volunteered their services in order to make the survey the success it promises to be. In all, some thirty-five Hamilton doctors have given one to four mornings a week as they were able to spare the time. Specialists from the Mountain Sanitarium have given very valuable service in special chest examination and in giving the intra-cutaneous tuberculin tests. Special mention should be made of the untiring efforts of Dr. L. C. Lauchland, of Dundas, president of the Hamilton Medical Society; Dr. J. H. Holbrook, medical superintendent of the Mountain Sanitarium, also chairman of the local survey committee; and Dr. G. C. Brink, tuberculosis diagnostician for the Ontario Provincial Board of Health. In addition to one full-time public health nurse employed by the local committee, other public health nurses have been loaned by the Departments of Health and Education of Ontario, and the Mountain Sanitarium. Several local nurses gave volunteer services for a short time, and two stenographers are employed for clerical and record work.

As this work is still in progress, no deductions can as yet be made; but it is hoped that eventually statistics will be available for some 1,500 children, and that not only will the children of Dundas and the surrounding country be benefited, but that the results obtained will be of value to the health authorities and in the interests of all the children of the province.

EDITH FENTON.

## Reception of the Earthquake Refugees at Victoria, B. C.

Unusual excitement prevailed at William Head Quarantine Station on the afternoon of September 15th, when the SS. Jefferson was expected with the first refugees from Japan. Seaplanes, launches and speedboats, with newspaper and camera men, were much in evidence; each one anxious to be the first to see those who had escaped from Yokohama and Tokyo and hear their experiences, in order to have a "scoop" for his paper. They had to wait with impatience till the quarantine doctors were through with their inspection. Mrs. Harold Fleming, president of the Victoria Branch of the Red Cross Society, was taken out in the doctor's launch to offer help from the Red Cross; and they were assured that all passengers in need would be made welcome at William Head, and would be provided for till other means of assistance could be given. Twenty-five accepted Dr. Brown's offer, and came with him to the dock. Three nurses, Miss M. E. Morrison, president of the Victoria G.N.A., Miss Craighead, of the Red Cross, and I, were on the dock to welcome eighteen adults and seven children. These were British subjects, and all absolutely destitute. The clothes they wore, given them at Kobe, were suitable for warm weather only. They had all felt the cold while crossing the Pacific. We took them to the first-class building, which had been

prepared for them. They said, many a time afterwards, that we could not know what it meant to them to come into that dining-room, which looked so cheery with its flowers, and the bright fire in the big fireplace. All showed signs, even then, of the severe strain they had been through. The children were afraid the fire would burn the house down, and did not quite like the idea of going to bed upstairs; but when they were assured that there was no danger of an earthquake, and that the fire was quite safe, they were contented.

The quiet of William Head, the lovely gardens and the beaches, which the adults as well as the children enjoyed, helped much to restore their nerves, and soon all but the parents of the little ten-year-old girl killed in Yokohama reported that they were sleeping better. We could sympathize with this mother, who longed to know that her child had been dead before the fire reached the spot where she lay, buried under the ruins of a shop which fell during the earthquake. The refugees were kept well supplied with fruit, etc., and everyone with whom they came in contact was very kind. Automobiles were provided, and they enjoyed many a ride through the beautiful country. The Red Cross Society supplied each person with a complete new outfit of necessary clothing, and gave the women suitable old garments, which could be made over for themselves or the children. They all looked very much improved in health before they left William Head.

CAROLINE I. WHILLANS, R.N.

## Operating Factors in Industrial Hygiene

By C.-E. A. WINSLOW,
Professor of Public Health, Yale School of Medicine.

Paper Read at the Annual Meeting of the New Jersey Sanitary Association, Held at Lakewood, December, 1922.

Let us assume that an intelligent and public-spirited manufacturer is establishing a new factory and desires to furnish the most ideal conditions possible for the health and efficiency of the worker. In planning his plant he provides for a fireproof building with Philadelphia fire tower, exits on two sides and ample approaches to these exits from all parts of the work-rooms. He obtains an unexcelled water supply. He installs well-lighted and ventilated toilet rooms connected with a well-designed sewerage system and disposal plant. Every factory work-room is amply lighted by its windows and protected against glare by properly designed shades, and the system of artificial illumination comes up to the highest standards of illuminating engineering. The ordinary work-rooms are ventilated by properly protected window inlets, with gravity exhaust ducts, while rooms which are particularly crowded, or where a special heat hazard exists, are

provided with efficient systems of fan ventilation. Excellent exhaust systems are provided wherever poisonous fumes may be generated, and in connection with grinding wheels and other equipment producing injurious dusts. Where poisons are handled, floors and work tables are of impervious material, and ample washing and locker facilities are provided. Every machine likely to produce accident is guarded. Safety treads are used on the stairs, and all platforms and elevated places are railed and provided with toe-boards. The plans include an admirably equipped dispensary, with rest-rooms and an attractive cafeteria.

We may imagine such a manufacturer looking upon his plant with a pride and satisfaction that would indeed be justifiable, and saying to himself that, whatever might happen elsewhere, the welfare of his employees was thoroughly provided for.

The point that I want to emphasize this morning, however, is that ideals of industrial hygiene can by no means be assured by the most meticulous attention to factory construction unless equal attention is also paid to the daily problems of operation. In every field of human endeavor we lay too much stress on bricks and mortar, too little on protoplasm, while, as a matter of fact, it is the directing brain which is always the essential element in success.

Such an ideal plant as has been discussed above will not continue to function ideally, even from the mechanical standpoint, without supervision. Ventilation appliances will be misused and will get out of order. Machine guards will be discontinued and new machines and new processes will be introduced, so that, unless there is some one person responsible for upkeep and operation, the money put into initial construction may be bringing little or no return after a year has passed. A primary essential for success is therefore the employment of a safety engineer or some other expert charged with the constant supervision of all those physical conditions in the plant which bear upon illumination, ventilation, general sanitation, and the protection of the worker from poisons, dusts and other hazards of employment; and it should be a fundamental part of the work of such an expert to receive and to analyze reports covering every injury received within the plant, however slight, in order to see what safeguard might possibly have been provided for its prevention.

In the second place, just as constant supervision of the physical plant is essential to success, so is the supervision of the workers themselves, from the standpoint of physical health and efficiency. The plant physician is indeed the most important of all the elements in the scheme of industrial hygiene. However perfect our provision against accidents may be, some accidents will occur, and their prompt treatment probably counts more than any other single factor in the reduction of lost time. The work of the plant physician should, however, have a much wider scope than this, for it is his province not only to practice curative medicine, but to exercise constructive supervision over the health of the individual worker

and to secure that adjustment between the individual worker and his job which will ensure health on the one hand and efficiency on the other. Complete physical examination should be made on entrance for the purpose of securing such adjustment, and just as the accident records in the factory are studied by the safety engineer in relation to processes of production, so the plant physician should be constantly in touch with the sickness records from various work-rooms and should be constantly studying the influence of the work itself and the conditions under which the work is done on the health of the worker.

Finally, if a real success is to be attained, it is essential to ensure the intelligent co-operation of the worker himself, and it is particularly in this field that the industrial nurse becomes a figure of supreme importance. She assists the physician in his work of treatment and in his physical examinations; but her most important function in the factory, as in the general public health field, is as a teacher, a messenger of health, enlisting the will and the intelligence of the individual worker in an earnest effort to promote his own and his neighbor's health.

A comprehensive plan for industrial hygiene demands, therefore, not only the original construction of a safe and healthful plant, but the continuous leadership of experts dealing with the plant itself and with the health of the worker. In a large factory it will obviously be wise to employ full-time experts of the three types suggested above, the safety engineer, the industrial physician and the industrial nurse. The great majority of industrial plants are small plants, however, and it is the lack of expert guidance in these smaller plants that constitutes the most serious gap in the field of industrial hygiene. A full-time physician and a full-time nurse can ordinarily be profitably employed only in a plant with at least 1,000 employees, while it is only a plant of even greater magnitude which can afford, as a rule, to employ a full-time safety engineer. In smaller factories the medical work is generally assigned to part-time practitioners, who devote a few hours a day to the plant hospital, and such a type of service must, except in the rarest instances, be altogether unsatisfactory. The general practitioner of medicine comes into the factory to render the same type of service which he renders in his own office—that is, to give medical and surgical care, and no doubt he generally does this well; but the actual rendering of medical and surgical care is but a small part of the service which the industry really needs. The study of the process and the plant, the constant analysis of sickness records, the suggestion of efficient and economical methods of safeguarding the worker and of promoting his industrial efficiency—these are problems for the specialist in industrial hygiene, but quite beyond either the knowledge or the interest of the average part-time industrial physician. Not merely the dressing of cuts, but intelligent, constructive leadership in industrial hygiene is the ideal to be pursued; and the first and foremost problem for the small industry, as I see it, is the working out of a plan by which there can be secured a service of this type. The first step that

suggests itself is the combination of medical service and safety supervision in the hands of a single man, and in most industries I believe such a combination is feasible and economical. Where the nature of the industry involves uncommon and complicated mechanical hazards, it will, of course, be necessary to employ a trained expert in machine guarding, but for the average plant the physician who has really specialized in industrial hygiene and sanitation so as to make it his life work is quite competent to handle the problems of safety as well as those of sanitation, and, by combining the money paid to a safety engineer with that paid for unsatisfactory part-time medical service, many an industry could obtain the counsel of a real expert in this field. For the still smaller plant, a combination with other neighboring factories is the only way out of the difficulty. Such a plant must have part-time medical service in any case; and it will be far more profitable to divide with another plant the time of a physician who has made himself an expert in industrial hygiene than to divide with the general public the time of a physician who knows and cares nothing about the broader problems involved.

For the factory which is too small to employ a full-time industrial nurse, the same principle holds; and the best results will generally be obtained by securing the part-time service of a nurse who is actually working in the public health field. Fortunately, through the general development of public health nursing programmes, it is now generally possible for the industry to effect a contact with an organization of this kind.

The time has gone by when any doctor or any nurse was good enough for industrial health service. The physician, if he is to be efficient, should be an industrial physician, devoting his life to the problems of industrial health; and the nurse, if she is to be effective, should be an industrial nurse, with real vision of the field of public health and of its educational possibilities. I know that at the present moment there is a widespread impression that industrial medical service has been "oversold"; but I believe the trouble lies with the type of service which has been sold, and not with the essential value of health supervision. When we find that the studies of the United States Public Health Service, as recently reported by Dr. L. R. Thompson, indicate a 700 per cent. variation in sickness rates in different plants, it seems to me pretty obvious that it is good economy to provide efficient machinery for controlling the factors that make for sickness. The primary element in such machinery is the employment in every factory of some one individual whose duty it is to make a continuous study of the physical health and efficiency in the particular plant and of the factors which affect such health and efficiency. No factory, however well designed, is adequately organized unless such an officer exists and unless he is a man whose life is devoted to the study of industrial health. The full-time plant physician, whether he serves one plant or several, is, in my judgment, the crux of the whole problem. If an industry has the vision to employ a physician of this kind, all the other details in the plant can be worked out by him. If it does not employ

such a leader and co-ordinator, but relies on casual medical assistance and inefficient nursing service, no perfection in plant construction will ever yield worth-while results.—*Public Health News.*

## Report of Social Hygiene Medical Committee

The report of the Medical Committee of the Canadian Social Hygiene Council on the standardization of the diagnosis and treatment of venereal diseases has just been put into circulation by the Department of Public Health at Ottawa, by whom many thousands of copies have been issued.

The report represents the work of a committee of thirty-five prominent men and women physicians, acting under the able chairmanship of Dr. Edmund E. King, of Toronto. Final editing of their findings and recommendations was done by Dr. J. J. Hagerty, Chief of the Division of Venereal Disease Control in the Dominion Department of Health, and the intention is to place a copy in the hands of every practising physician in the country.

The report recommends that "all laboratories, including university laboratories, doing Wassermann tests, shall be licensed by and under the supervision of the Provincial Board of Health," and urges that "private, university, hospital, municipal and provincial laboratories, in the use of these tests, adopt recognized methods, so as to approach uniform results for the purpose of comparative study." The valuable report is expected to prove of immediate usefulness to every practitioner in Canada, and cannot fail to become an indispensable adjunct to all who make a specialty of the treatment of venereal diseases.

Another special committee, acting under the convenership of Miss Jean Gunn, of Toronto General Hospital, has in course of preparation a second report on venereal diseases, one which will be produced almost immediately by the Council itself, and which is intended for use in the instruction of nurses, and in training schools for nurses in Canada.

## Public Health Observations in Japan

By Mrs. Anna M. Stabler,
Director of Nursing, Red Cross (B. C. Branch).

"*Duty*—that is to say, complying with whate'er is expected here." And so it seemed to me, when asked to write an article on my recent experiences in Japan—giving it a public health slant, if possible.

My stay in Japan was short. I was on hospital duty until the day of sailing, so there was little opportunity for observation.

A telegram was received from Red Cross headquarters, asking me to go to Japan to assist in relief work, primarily among foreigners, but

among the Japanese if necessary. A ship was sailing from Vancouver in an hour; so in 45 minutes I was at the wharf, ready to embark. Wishing to be in good condition for any kind of service, anywhere, I took an anti-typhoid innoculation after sailing. This precaution proved to be unnecessary, as only a few cases of typhoid developed in Tokyo as a result of the earthquake. The fact that very few cases of disease followed such conditions redounds to the credit to the Japanese, as well as to the foreigners, who did fine work, especially during the first days after the disaster.

Pestilence was prevented by the devastating fire which followed the earthquake, as well as by the cremation of bodies by the municipal authorities. In a remarkably short time after the disaster, the water mains had been connected in Tokyo. There were fewer than 100 cases of typhoid and dysentery in the city, due to prompt efforts to prevent the spread of these diseases. Many thousands of refugees came to Kobe from Yokohama and vicinity, but not one case of contagious disease was reported from among them.

The Japanese Government promptly took steps to prevent food profiteering. This was so successful that food could be bought more cheaply in Yokohama than in Kobe.

Among my casual observations, I was impressed by the great number of public bath-houses, which the people frequent daily for hot baths. Only the very well-to-do residents have bathrooms in their houses; so that the public baths are a necessity, and meet a demand.

The sanitary arrangements in the houses, and the deep sewers along the sides of the streets, leave room for improvement, and this is not likely to come soon in the thickly-populated cities.

Nose and throat trouble is very common among the Japanese children. This is said to be due to the fact that the children are not sufficiently clad, in the way of underclothing; and there was no doubt in my mind that this might well be true. The rainy season had started before I left Japan; and it was evident that the national style of dress was far from being practical for all kinds of weather, although delightfully picturesque.

Concerning child welfare, I visited a remarkably interesting "Children's Consultation Bureau" in Osaka, which is the second largest, and the greatest industrial, city in Japan, with a population of two and a-half million. This bureau was organized in July, 1919, and its activities are centralized in a building which is commodious, and was built for the purpose, which was outlined as follows:

> To promote children's consultation with guardians of children, concerning their health and education, and by research in the means of care and protection of children.
>
> Lines of work:
>
> 1. Health—Care of the mother before and after birth; care of new-born and nursing children; infant feeding, mothers' milk and

substitutes; normal development of children; normal health of children; first-aid measures.

2. Education—Education for normal children; training for abnormal children; vocational guidance; employment bureau; play and recreation, and the use of leisure time.

3. Research and Study—Children's life and education; institutions and provisions for care and protection of children; education of abnormal children (school on the grounds); children's library; men's library for the study of children.

Addendum—*No fees for consultation.*

My time in Osaka was so limited that I had no opportunity to observe the activities of the bureau. The director kindly answered all of my questions, through an interpreter, and conducted me through the building, explaining the function of each department. The thoroughness with which the various activities had been organized and developed surprised me, especially when I thought of the opposition to preventive work which we sometimes meet in our own country.

The City of Kobe employs a Social Works Commissioner, whose office is in the City Hall, and who has charge of all city welfare work. There was interesting work being carried on along such lines, but my time did not allow of investigation or observation.

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Following the announcement in June, by the American Child Health Association, that an appropriation of $10,000.00 would be set aside for furthering the education of nurses in child health work, 237 applications were received from 38 States, and Canada, before August 1st, the date set by the Committee on Awards, and many came later. Two awards were made to Canadian nurses—Miss Florence Emory, chairman of the Public Health Section of the C.N.A.T.N., and Miss Muriel Martin, of Toronto.

Miss Gertrude Hodgman, educational secretary of the National Organization for Public Health Nursing, has been asked by the American Child Health Association to make the arrangements for the chosen applicants to undertake their studies at the university of organization of their choice.

Miss Emory graduated from Grace Hospital, Toronto, in 1915, and since that time has been connected with the Toronto Department of Public Health—as a District Superintendent in 1917, and as Supervisor of School Nursing since 1919.

A special course has been secured for Miss Emory in Boston by arrangements with the Massachusetts Institute of Technology, which is affiliated with Harvard University, the Boston University, and the Community Health Association. The subjects included in the course are Health Education, Personal Hygiene, Vital Statistics, Elements of

Biology, Infection and Immunity, Educational Sociology, and Mental Health of Children.

Miss Muriel Martin left her work as kindergartener and social worker among the Italians of Toronto, in 1917, to enter the training school of the Toronto General Hospital. After a post-graduate course with the Department of Public Health Nursing at the University of Toronto, she accepted a position with the Department of Public Health in order to return to her chosen work among the Italian immigrants. In January, or February, arrangements will be completed for her to spend eight weeks studying the East Harlem Health Centre of New York, which is located in a crowded Italian section.

## NEWS ITEMS

### QUEBEC

Miss Anabelle Hamilton, graduate of the Public Health Nursing Course, Western University, class 1922-23, and since attached to the staff of the Victorian Order of Nurses, Montreal, is leaving shortly for Niagara Falls to open up a district there, and to work in close co-operation with the City Health Department.

Miss Ruth Saunders, graduate of the Public Health Nursing Course, Toronto University, class 1922-23, has succeeded Miss Truesdale as Victorian Order nurse in St. Lambert, P. Q.

Miss Evelyn Engelke, graduate of the Public Health Nursing Course, class 1922-23, McGill University, is now with the Child Welfare organization of Montreal.

Miss Mildred Findley, class 1922-23, Public Health Nursing Course, McGill School for Graduate Nurses, has been transferred from Montreal to the Victorian Order of Nurses, Cornwall, Ont.

Miss Alice Ahern, whose name is so well known in connection with the demonstration put on by the Metropolitan Insurance Company in Thetford Mines, has recently been appointed provincial supervisor of the Metropolitan Nursing Service of the Province of Quebec.

### ONTARIO

The Rockefeller Foundation is this year giving scholarships to two students taking the course in Public Health Nursing at the University of Toronto. These are Miss M. V. J. Tisseau, of the Florence Nightingale School, Bordeaux, France, and Miss Marie Vlckova, of the State School of Nursing, Prague, Czecho-Slovakia. Both these students have had experience in public health nursing in their own countries, and expect to return after completing their course.

"To reach the public and to make them realize the seriousness of the social problem of venereal disease, rampant among all communities in which we live, it was felt that the quickest way to bring such problems home to the public mind was to collect certain facts from the patients themselves. With this end in view, Mrs. Kensit was instructed by the Toronto Social Hygiene Council to search the actual case sheets and records of venereal disease patients attending hospital clinics in the City of Toronto. The records of 100 women were examined and the records of 56 men. This special investigation (Publication No. 9) has been printed by the Canadian Social Hygiene Council, and may be obtained from them. Their offices are in the York Building, King and York streets, Toronto."

### BRITISH COLUMBIA

Miss Goddard (U.B.C., 1922) has left for China, where she is to take a position with the Rockefeller Institute.

Miss I. M. Jeffares, who has been with the B. C. Division of the Red Cross as home nursing instructor, has resigned. The class work in Vancouver and vicinity will be conducted without a full-time instructor.

The committee of the Victoria V.O.N., through its president, Mrs. Ross Sutherland, recently presented Miss Irene Norcross, R.N., who is resigning from the Order, with a handsome club bag and a cheque, and voices the sincerest regret at the loss of Miss Norcross' services.



## A SONG OF CHRISTMAS

Chant me a rhyme of Christmas,
Sing me a jovial song;
And, though it is filled with laughter,
Let it be pure and strong.

Sing of the hearts brimmed over
With the story of the day,
Of the echo of childish voices
That will not die away.

Of the blare of the tasseled bugle
And the timeless clatter and beat
Of the drum that throbs to muster
Squadrons of scampering feet.

But, oh, let your voice fall fainter
Till, blent with a minor tone,
You temper your song with the beauty
Of the pity Christ has shown.

And sing our verse for the voiceless
And yet, e'er the song be done,
A verse for the ears that hear not
And a verse for the sightless one.

For, though it be time for singing
A merry Christmas glee,
Let a low, sweet voice of pathos
Run through the melody.

JAMES WHITCOMB RILEY.

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I have always thought of Christmas time, when it has come around, as a good time, a kind, forgiving, charitable, pleasant time, the only time I know of, in the long calendar of the year, when men and women seem by one consent to open their shut-up hearts freely. And, therefore, though it has never put a scrap of gold or silver in my pocket, I believe that it has done me good, and will do me good; and I say, God bless it.

CHARLES DICKENS.

# Pupil Nurses' Department

## Student Government in the Toronto General Hospital

Of late years, self-government has been much discussed and fairly widely adopted in the training schools of the Dominion. In fact, you might almost say, "Everybody's doing it!" We, as a school, however, are rather prone to take this privilege for granted, having enjoyed it for the past six years.

For our own part, memory takes us back to the time—three years ago now—when we sat in the class-room and first heard the term, "Student Government." Our one clear idea at that time seems to have been that we elected a class representative who acted for us on the Council.

Two weeks later, however, we attended the great quarterly mass meeting, where we saw the wheels of student government "go round," and where we began to understand that it was not the pastime of a few, but the vital interest and concern of the whole school. We found it is, literally, "government of the nurses, by the nurses, for the nurses." A students' mass meeting is not a place of hushed voices and low speaking, but often the scene of many a heated argument, in which all take a part. But, as is usual in such cases, these same discussions clear the air and leave behind a more contented spirit.

Later, as we left probation days behind and became more and more a part of the school, we began to appreciate more fully the privileges we were enjoying. It was with a peculiar thrill of pride that we realized that our school had been a pioneer in the trying out of student government. Other schools watched and waited. The measure of our success has been the adoption of the same plan in many another hospital.

The fact that we, as a student body, are entrusted with the conduct and management of residence life is a great factor in creating a spirit of school pride and school honor. It also develops in the individual a sense of responsibility. The old slogan which we learned in high school days, "Rules were made to be broken," might still hold under a system of office management, but in the very nature of things we cannot break the rules we ourselves made. Honor and a sense of humor prevent.

Socially, student government is an asset to any training school. Our dances and school parties, arranged through the school social committee, make very bright spots on which to look back. The old-fashioned Hallowe'en party is a frolic which belies the prevailing idea that a nurse's life is "all work and no play"; while at the Christmas party, jolly old Santa dispenses his cheer to all—from the newest "probie" to the most senior Senior.

Student government has been an unqualified success in our school. That this is the case may be attributed to the fact that it is based on the truth, honor and loyalty of every student nurse. Added to this has been the untiring interest, co-operation and support of the training school officer. For

"It ain't the individual,
Nor the army as a whole,
But the everlasting team work
Of every bloomin' soul."

E. MARION STILLWELL.

## Furnishing a Class Room

The furnishing of a class-room for nurses in the Soldiers' Memorial Hospital, Campbellton, N. B., has been undertaken by the first graduating class of that institution.

The need of such a room has been keenly felt, but, owing to the many calls on a new and growing institution, it has been necessary to hold this over, and the classes have been held in the operating department.

Following a suggestion of their superintendent, the graduating class decided to furnish a class-room themselves, and, with generous help, have succeeded.

The first difficulty was a room. This was overcome by one of the surgeons on the staff giving a ward that he had furnished, and which seemed very suitable as to size, ventilation and lighting; having also, in connection, water, electric stove, etc., for demonstration work. The class-room chairs came next; these are comfortably equipped with tables, which may be lowered when not in use. A large table and chair, for the instructor, were given by the superintendent. In addition to this, we have the large anatomical charts for teaching; a small reference library; and our invaluable Mary Chase doll, a gift from Dr. J. J. MacPherson.

Through course of time, we hope to have as thoroughly-equipped and modern a class-room as could be found in any training school.

HELENA M. PALMER,
Nurse-in-Training,
Soldiers' Memorial Hospital, Campbellton, N. B.

"Then pealed the bells more loud and deep:
'God is not dead; nor doth He sleep!
The Wrong shall fail,
The Right prevail,
With peace on earth, good-will to men!'"

# Private Duty Nursing Department

**National Chairman**—Miss Edith Gaskell, 397 Huron Street, Toronto.

**Vice-Chairman**—Miss Agnes Kelly, 457—12th St., N.W., Calgary.

**Secretary-Treasurer**—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

**National Convenor**—Miss Edith Gaskell, 397 Huron St., Toronto.

**Convenor Press Committee**—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.

**Nova Scotia Representative**—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

**Quebec Representative**—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

**Ontario**—Miss Helen Carruthers, 404 Sherbourne Street, Toronto, Ont.

**Manitoba Representative**—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

**Saskatchewan**—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

**Alberta Representative**—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

**British Columbia Representative**—Miss M. L. McLeay, 1532 Comox Street, Vancouver, B. C.

## Crippled and Deformed Children

By D. E. Robertson, M.D., F.A.C.S.,
Assistant Surgeon, Hospital for Sick Children.

Crippled children have recently attracted the attention of some powerful fraternal and social organizations. Investigation has brought to light a very large number of children who were crippled and who were receiving no treatment. Definite campaigns have therefore been undertaken to have all cases of cripples reviewed, in order that suitable treatment may be instituted, in the hope that the child may grow up with a much diminished handicap, and be therefore better able to perform the daily duties of an individual. In this way the happiness of the patient will be much increased, and he will be better prepared to take his place as a useful member of society.

It must be clearly understood that there are limitations to the improvement that can be procured in crippled children. It would be well to point out the commonest conditions, and write a few notes relating to them, in order that you may more fully understand and co-operate with those who have the corrective care of these children. We find that cases are sent us at times when things have progressed too far, or are sent us before it is time to institute treatment.

Crippled and deformed children result from four causes, viz.: Developmental or congenital; injuries, birth; nutritional; infections.

The developmental ones are very striking, and are present at birth, and are most generally very obvious.

Of the deformities, the first to consider would be *hare lip* and *cleft palate*. Surgery is able to cure both these conditions. The lip should be operated upon as early as six weeks, if the child be healthy, and the palate at ten to twelve months. Neither of these conditions will prevent a child from thriving, and one does not operate upon these cases unless they are thriving.

Club feet of the congenital type are best treated when the baby is very young. Treatment should begin during the first month or six weeks, when the feet are soft and easily manipulated. At this stage they can be readily bent around into proper position, and thus maintained by the use of plaster casts. If, however, the patient is not brought for treatment until infancy is past, it may be necessary to have recourse to operation. Even these late cases give excellent results.

Congenital dislocation of the hip is a condition that, if left untreated, produces an extremely awkward gait, and limits the activities of the patient. These children can be easily treated by reducing the hips and holding them in plaster for a long period. The best age at which to begin treatment is about two years.

Wry neck, or torticollis, is produced frequently at time of birth. The sterno mastoid muscle is ruptured and a small lump is to be felt attached to the muscle and about the size of a hickory nut. This lump is seldom missed by the mother or nurse in the first two or three weeks. This child should have daily stretchings of the involved muscle to keep it from shortening. If the baby is allowed to advance into childhood or puberty with this disfiguring deformity, it may still be readily cured by an operation and a retention plaster.

Spina bifida is a condition for which we can do almost nothing. There is found frequently a tumor on the back. The skin covering it is sometimes normal, sometimes very thin—so thin it ruptures. If it ruptures, then it will have to be operated upon. The serious thing about spina bifida cases is that the spinal cord is frequently damaged, and the legs therefore weak. No operation upon the back can improve the legs.

The cases of hydrocephalus are apparently hopeless. Major surgical operations have been undertaken in selected cases, but their value is very doubtful.

Birth injuries are not necessarily due to forceps. During the passage of the head through the cervical canal there is great diminution in the size of the head. This may cause damage to the brain directly, or cause haemorrhage that indirectly injures the brain. The paralysis resulting from this type of injury is quite common and is spastic in character, hemiplegia and diplegia resulting. All one can do for this type of case

is to make sure no deformity results. We find these cases generally receive no orthopaedic treatment until they are three or four years old. They are then found to have flexion thighs and knees, and the foot is held with the toes dropped. Surgery has something to offer this type of case.

There is a type of injury, that is the result of stretching the shoulder at birth, that is known as Earl's Paralysis. It is readily diagnosed the first few days, as the child is found unable to move one arm. If this is put under suitable treatment at once, a good result may be expected. If, however, it be neglected, the arm is an almost useless appendage. The treatment is very simple. It consists in relaxing the paralyzed muscle by the use of a simple splint that holds the arm abducted from the body with the forearm flexed and supinated. Power usually returns in a week or a month, when it will be found unnecessary to wear the splint longer. The principle underlying this treatment is that a muscle whose nerve supply has been lost must be kept from being stretched if it is to be able to contract when its nerve supply returns. This principle is the key-note of the treatment of all paralysis, particularly infantile paralysis.

The nutritional diseases are not great producers of cripples. Rickets is not frequently seen in this country when it produces severe deformaties. It does produce a great number of bow legs, and these in children are readily straightened by the use of a suitable splint.

The infections produce our greatest number of cripples. Infantile paralysis is a disease that is frequently insiduous in its onset. It causes a loss of power, and the paralysis it causes is always greatest at the time of the acute attack. During the acute attack there should be no special treatment of the limbs. After the pain is gone from the limbs massage may be employed. The limbs should be kept in splints so that there can no deformities result. Deformities result because those muscles that are not paralyzed contract, and their opponents, being paralyzed, are stretched. Now a stretched muscle cannot function even if its nerve supply returns. It is therefore imperative that it be kept relaxed. This is done by the use of splints. We have found electrical treatment quite useless in the treatment of this condition, and the same is equally true of light treatment of any color or hue. In infantyle paralysis we must wait until some recovery occurs. As soon as we get an inkling of recovery, muscle training is instituted and carried out. Recovery under proper treatment may occur over long periods of time. These patients require to be in bed in most cases for many months after their attack. The disease is so dreadful that the parents are frequently inclined to listen to inexpert advice, and to submit the child to useless and expensive treatments. What is worse, splints are not worn; with the result, deformities occur and paralysis remains permanent. The late treatment of infantile paralysis consists in stabilizing limbs that have been rendered unstable by paralysis. Operations upon the bones of the foot are very useful in fixing the foot in a useful position. Tendon fixations and tenotomies,

muscle and tendon transference, all have their place in this very large field of surgery.

Tuberculosis, most commonly seen as Pott's Disease, is tuberculosis of the spine. Children with tuberculosis of the spine show early stiff backs, and, as time goes on, a small lump appears on the back. This child should be taken off his feet and kept on his back. He should have all the treatments common to a tuberculous patient, not forgetting that most important feature—sunlight. The sunlight should be administered directly, if possible, and it is possible in this climate during the spring, summer and autumn months. During the winter months it is in this climate difficult to obtain. Ultra violet rays made from mercury lamps in quartz tubes do not begin to be as efficient as sunlight. Tuberculous spines require generally three years as a minimum of treatment. Tuberculous hips are treated in the same fashion as tuberculous spines, in that they are splinted for long periods of time. Here we use splints to prevent the leg being deformed—to hold the leg in its proper position until such time as the infection quietens down and the joint is solid.

Of recent years a new disease has been described in connection with hips. Legge describes a condition where there is a chronic infection of the hip that simulates tuberculosis very closely. Here the symptoms are much less severe—there is always good movement at the joint, and the end result is always a good, freely-movable joint.

# Department of Nursing Education

**Conducted by the Canadian Association of Nursing Education**

## The Address of Welcome delivered by Professor Dale at the Canadian Association of Nursing Education Convention, June, 1923

Madam President and Ladies:

My duty in being here this afternoon is a very agreeable one and easily performed—to welcome you to these series of meetings. I only wish we could have provided you with more fortunate weather in which to confer. Now someone once said that brevity was the soul of wit. It is not to be forgotten that if brevity is the soul of wit, wit is the soul of brevity; so I intend to address you in a very few words, both brief and to the point.

Like all social workers, no matter in what field, I am tremendously interested in the problem of nursing. We stand at a very important and interesting point. You belong to an old profession and yet a new profession, one that came into being in response to the cry of the human body and human mind in the struggle against pain and suffering. But the newness of the problem for you as nurses lies in the immense increase of human knowledge, of which we are giving so much now to those who are in trouble of any kind, if we only know how to do it; and the problem of organizing our charity, our philanthropy, whatever form it takes, is now a very serious and acute problem. So we turn to the stage to which we are called to-day, the stage of training our instruments of mercy. This again is an old, old problem, and is one in which you have all been engaged in one way and another, and some of you have been doing that for a very long time indeed. Yet we are conscious that this is a business that is never done.

I am head of a training school here which is facing the problem of changing conditions in many different forms. The modes of meeting them change from time to time, and it is our bounden duty in response to the cry of distress to see, when we do respond to that cry, we give the very best that is known to humanity. That is where the question of training becomes so very important, because nursing is becoming a series of techniques applicable to certain special forms of human trouble and each of these has to perform its duty in the light of the knowledge that has been gathered in, in the light of that particular call of distress. It is highly important to remember that we are called upon to grapple with a problem which is behind all problems, namely, how to make the best possible sort of adjustments for humanity in its surroundings.

We have a very interesting experiment here. I suppose you have it elsewhere; I don't know. The nurses-in-training in the hospitals of this city come to the Department of Social Service at the University of Toronto, just for one lecture a week, to get some idea how the service they are going to give to humanity will fit in with that effort for humanity known as Social Work, which is the attempt to make the adjustment between the individual and his surroundings as tolerable as it can well be made. In other words, social work has now become a careful, faithful study of the individual's relation to his environment. The modes of cure will be manifold and various, and it is for every social worker to bear in mind the problem that they are solving is intimately connected with the other problem.

You have an acute condition which calls for the application of certain well-tried or well-vouched-for methods of treatment; but at the same time I cannot help feeling, when I watch a nurse or a doctor at work—the same kind of feeling that I have when I watch the scientist at his work, namely, that it is one representative of that effort of humanity to apply the results of experience gathered from the successes and failures and the hopes and fears and experiments, but gathered from all that can possibly

be applied in the solution of any one particular problem. Sometimes, in my connection with medical students, I have watched them with a feeling akin to awe. I seem to see behind them the effort of the ages to try to improve conditions along the particular line in which they are engaged.

One word in connection with the work of training itself: There was a comparison once made between the training of a citizen in Athens and a citizen in Sparta. Pericles, the great representative of Athenian spirit, as he was the great representative of the Athenian people, contrasted the training of soldiers in Athens with that of Sparta. He said something to this effect: "In Sparta they spend all their energies in the training of their citizens along military lines, and they produce very great soldiers. Athens, on the other hand, set out to train men along the lines of good citizenship, and in time of need they turned out to be as good soldiers." That seems to go to the heart of the matter.

Your problem is not only the production of experts; your problem is the same as mine, the same as every teacher, the production of men and women of a fine type of character. The point is different in different cases to this or that particular kind of service; but what the world needs, more than anything else, is stability of character, nobility of character, combined with flexibility of adjustment. So what we want in your profession, as I want in mine, as we want in all professions, is a deep, strong, broad, rich, and generous character; and then we want those characters acutely trained, so that they can apply the specific school to the specific conditions to which they are applicable.

I hope the conference that you have before you will result in the deepening of that conviction, and will help you in the solution of the many problems of those who have teaching at heart.

I have very great pleasure indeed, on behalf of the university and the social workers of the city, to tender you a very hearty welcome to the City of Toronto, and hope that your conference will be of the utmost possible benefit.

If you were busy being kind,
Before you knew it you would find
You'd soon forget to think 'twas true
That someone was unkind to you.
If you were busy being glad,
And cheering people who were sad,
Although your heart might ache a bit,
You'd soon forget to notice it.

REBECCA D. FORESMAN.

# Hospitals and Nurses

## NOVA SCOTIA

County branches of the Provincial G.N.A. have been formed in Halifax, Cape Breton, and Yarmouth expects soon to have its own.

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## QUEBEC

### Jeffery Hales' Hospital, Quebec

Miss MacCammon, who resigned recently from the staff of this hospital, has accepted the position of superintendent of nurses at the University Hospital, Edmonton, Alberta.

At the opening meeting this autumn the Alumnae Association were shown the slides on the "History of Nursing," which were presented to the school by the student nurses.

Phillips Training School, Momeopathic Hospital, MONTREAL ..... ..... ..... ....

The graduating exercises of the 1923 class were held October 26th in the hospital reception rooms, the guests being received by Mrs. Helen Pollock, superintendent, and her assistants. Colonel W. I. Gear presided; and Mrs. R. L. Gaunt and Mrs. C. T. Williams presented the diplomas and medals, respectively, to Misses W. J. C. Wilson, A. Pilon, D. Smith, V. LaRose, H. LaRue, V. Meilleur, and M. F. Currie. Honor pins, donated by Mr. J. J. Aird, were won by Misses Currie and Pilon. Dainty class pins were presented by Mr. I. G. Ogden. After the formal addresses by Dr. Novinger and Rev. John Linton, dancing and a reception closed the exercises for the nurses.

### Montreal.

A very well attended and representative meeting of the Association of Registered Nurses of the Province of Quebec was held, through the courtesy of Sister Duckett, Sister Fafard, and the Sisters at the Notre Dame Hospital, on the evening of October 24th. In addition to routine business transacted, interesting reports were given in both French and English by the delegates who had attended the sessions of the Canadian Association of Nursing Education in Toronto, early in June, and the American League of Nursing Education, also in June, in Swampscott and Boston.

Miss Shaw, the president of the A.R.N., P.Q., gave us her impressions of the National Conference of Education and Citizenship, which took place in Toronto in May, and expressed her appreciation of being granted the privilege of attending the meetings and of hearing several inspiring addresses.

### Royal Victoria Hospital, Montreal

R.V.H. nurses, near and far, will hear with regret of the death of Dr. Garrow, which occurred in the morning of November 7th at his home in Montreal. Sympathetic, ever willing to give of his wise counsel, and to help in time of need, he stood as an honored friend among the nurses, and they can indeed feel thankful for such a life, and count it a privilege to have been associated with him.

### Western Hospital, Montreal

The graduation exercises of the 1923 class of the Western General Hospital took place on October 25th, when the following nurses received their diplomas and medals: Beatrice N. Jacques, first prize for general proficiency; Miss Lettia Tyrrell, second prize for general proficiency; Misses Beatrice M. Gear, Christina G. Taylor, Phoebe Crawford, Phyllis B. Farrer, Kathleen Barnes, Mary Ella Sharpe. The exercises were held in the reception-room of the Nurses' Residence. Dr. Frank England gave a very helpful and inspiring address to the graduating class, which closed the formal exercises. A reception and dance was held by the graduates and their friends in the evening. Mrs. J. Pollock and Mrs. W. Barwick were hostesses at the tea hour on October 24th, given in honor of the graduating class of 1923.

Miss Florence Martin is acting night supervisor at the Western General Hospital.

## ONTARIO

### London

The autumn meetings of the Victoria Hospital A.A. were opened with a delightful address by Colonel Gartshore, who spoke about his recent trip to the Orient, touching particularly on hospital life and nursing service in the several counties as he saw them.

The Alumnae Association will take an active part in the "Streets of Wonderland," a benefit performance for the War Memorial Hospital.

Five members were elected to serve on the directorate of the recently established Central Registry, which has long been a dream of the nurses in London, and which is now an accomplished thing. Nurses, graduate and practical, with those also with special training, will all be supplied from this Registry. Representatives of St. Joseph's Hospital, and from the graduates from other hospitals living in London, were also elected to the directorate.

A large mass meeting on public health was held recently, under the auspices of the medical men in the district, the University of Western Ontario, and the Western Ontario Academy of Medicine. Addresses by Dr. T. C. Routley, Dr. O. P. Kimball, of Cleveland, and Dr. J. C. Bloodgood, of Baltimore, were given.

Miss E. Raymond was recently elected president of the Public Health Nurses' Association, succeeding Miss McDermid. The other officers were: Miss Constance Fraser, vice-president; Miss L. Cockburn, secretary-treasurer, and Miss Jeeves, convener of the Programme Committee.

The work of the Lord Kitchener Nursing Division, No. 28, of St. John Ambulance Brigade, of London, did excellent work at the emergency tent at the Western Ontario Exhibition of 1923. During the ten days 164 cases of emergencies were attended to by them, giving only "first aid" till the doctor came. The work of this organization is voluntary, the members being at all times ready to co-operate with nurses and doctors in any emergency that may arise. Only those who have taken the St. John Ambulance courses in first aid and home nursing are eligible for membership in a Nursing Division.

At a special meeting of the Alumnae Association of St. Joseph's Hospital, the following were elected as representatives on the directorate of the new Central Rgistry: Mrs. W. C. Dodds, Mrs. Kelly, and Miss Kathleen Burke.

Members who attended the extension course given at the University of Toronto this summer express their appreciation. Those attending were Misses Emma Harkness, Erma Moss, Madeline Jones, Margaret Heney, Cecilia Campbell, Helen Pitt, Emma O'Neil, and Nellie Barr.

The association plan many social events for the coming year, and are taking a booth at the fair, "The Streets of Wonderland," to be held in December, in aid of the Children's Memorial Hospital.

### Hamilton

Miss Roadhouse has accepted a position in Anaheim, Cal.

Miss Fish has accepted a position at Hamilton General Hospital.

Miss Vance has accepted a position at Mount Hamilton Hospital, as night supervisor.

Mrs. Reynolds and Miss Margaret Hickey have left for California, where they intend to live.

The Alumnae Association of H.G.H. gave a bridge party on October 25th, the proceeds to go to the relief fund of the Daughters of the Empire, to be used for returned soldiers. Over $300.00 was cleared.

### Western Hospital, Toronto

A successful bazaar, under the auspices of the Ladies' Board of the Toronto Western Hospital, was given in the King Edward Hotel on November 15th. The proceeds go towards the building fund of the new Home for Nurses.

### Sarnia.

The graduating exercises of the Sarnia General Hospital were held on October 19th, in the auditorium of the Technical School, when diplomas were presented to Misses G. McBean, M. Richardson, M. Belyea, R. Wade, E. Bohier, M. Firby, and E. West. Addresses were given by Mr. Nesbit, chairman of the board; Rev. Mr. Barnby, Dr. Logie, and Mr. Cook. The annual

report of the hospital was read, and the Florence Nightingale pledge taken by the graduates. After a short but excellent musical programme, a reception and dance for the friends of the graduates closed the evening's entertainment.

The Alumnae Association gave a banquet in the Patricia Cafe on the 19th to the graduating class, when thirty nurses were present.

Miss P. Morrison, supervisor of Sarnia General Hospital, left recently to take the position of superintendent of a hospital in Fort William.

### Hospital for Sick Children, Toronto

A delightful tea was given the graduating class by the Alumnae Association on October 25th. The guests were received by Miss Panton, superintendent of the training school, and Miss Jessie Farquarson, president of the A.A. Many guests were present.

Miss Sue Smythe (1916) is on duty at the Convalescent Hospital, Marblehead, Mass.

Miss Ferguson (1919) is recovering from her recent serious illness.

* * * *

## MANITOBA

Miss Dorothy Cuddy (Children's Hospital, 1918) is leaving the hospital to do public health work in Vancouver, B. C.

Misses K. Rowan and Winnifred Grice (St. Boniface Hospital, 1920) have accepted positions at Sioux Lookout.

Miss Larrette Gunn (W.G.H., 1920) and Miss Harper, of the Bureau of Child Hygiene, have left for Los Angeles, Cal.

### Winnipeg General Hospital

Miss Minnie Musgrave (1918) has accepted a position on the staff of the pathological department of the Winnipeg Children's Hospital.

Miss E. M. Turner (1908) has been appointed superintendent of Hollywood Hospital, Los Angeles, Cal., which is to be opened in January, 1924.

Miss A. Mulligan (1922) left Trail, B. C., and is now on the staff of the Maternity Hospital, Portland, Ore. Miss Roberta Caldwell (1922) has taken her position in Trail.

Misses K. Van Allen (1922) and Mary Fraser (1919) have accepted positions in the V.G.H.

Miss Elsie Gemmil (1919) is now on the staff of the Galloway-Gibson Clinic in Winnipeg.

* * * *

## SASKATCHEWAN

Miss Ella M. Matthews (M.C.G., '15), for some time in charge of the maternity department of the Regina General Rospital, left the latter part of August to take charge of the same department of the Wellesley Hospital, Toronto.

Miss Carrie J. Prout (R.G.H., '21), lately in charge of the operating rooms of the Regina General Hospital, has resigned, and is at present visiting friends in Manitoba.

Miss Sophia Sveinson (R.G.H., '23) has been appointed to the position of supervisor of the maternity department, and Miss Beatrice E. Brockman (R. G. H., '23) is at present in charge of the operating rooms of the Regina General Hospital.

Miss Elda M. Lyne (Stratford General Hospital, 1913) has recently been appointed in charge of the work of the C.N.I.B. in Saskatchewan. Miss Lyne's office is in the Red Cross headquarters, 2331 Victoria Avenue, Regina.

Miss C. E. Guillod (V.G.H., '13) and Miss Cockson (M.C.G., '23), of Maple Creek, were recent visitors in Regina. They also spent a day at the Saskatchewan Sanitarium, Fort Qu'Appelle.

At the recent meeting of the Nurses' Council of the S.R.N.A., held in Regina, the following councillors and conveners of committees were in attendance: Sister Mayer and Miss S. A. Campbell, of Saskatoon; Miss H. H. MacDonald, of Kindersley; Mrs. Feeny, of North Battleford; Miss M. Montgomery, of Fort Qu'Appelle; and Mrs. A. Hutcheon, of Prince Albert. Miss Simpson, of Regina, presided over the meeting.

## BRITISH COLUMBIA

### VICTORIA

The rummage sale undertaken by the Victoria G.N.A. recently took in $84.41, which goes to the fund for the refurnishing of the Memorial Ward in the Jubilee Hospital.

### VANCOUVER

About $150.00 was cleared by the Vancouver G.N.A. at their sale of work and home cooking held on November 3rd in aid of kindergarten equipment for the children at the Creche.

Eighty-seven nurses wrote their examinations for registered nurses' certificates, November 7th, 8th and 9th, 1923.

The regular monthly meeting of the V.G.N.A. took place October 7th, when a very gratifying report was read by Miss Ewart, convener of the Sale of Work Committee, who announced that the result of the sale on November 3rd amounted to over $150.00. It was arranged to sell the remaining work and home cooking shortly before Christmas. Twenty-five dollars was voted for the Y.W.C.A. drive.

Miss Randal gave a thoughtful and interesting paper on "A Nurse and Her Money Investments." Unfortunately, Mrs. Johnston, who was to discuss this paper, was prevented from doing so by illness. Tea was served after the meeting.

### NEW WESTMINSTER

Miss Helen White has taken a position at the General Hospital, Ocean Falls, B. C.

Miss I. Abraham has completed a post-graduate course in eye, ear, nose and throat work at Portland, Ore., and has accepted a position at Wenatchee, Wash.

Miss Ross (1922) is taking a two-year special course in T.B. work at Firland, Richmond Highlands, Seattle.

A rummage sale was held by the G.N.A. on November 16th, and they realized the amount of $95.00.

Miss W. Kennedy has left for Portland to take up nursing duties there.

## BIRTHS

**Airth**—At the Royal Columbian Hospital, New Westminster, B. C., November 15th, to Mr. and Mrs. Airth (Ruth Elvin, R.C.H.), a daughter.

**Coombe**—At Winnipeg, Man., September 13th, 1923, to Mr. and Mrs. C. V. Coombe (Cochrane, W.G.H., 1913), a daughter.

**Cummings**—At Sioux Lookout, Ont., September 2nd, 1923, to Mr. and Mrs. Wm. Cummings (Webb, W.G.H., 1913), a son.

**Faulkner**—At Morewood, Ont., October 9th, 1923, to Mr. and Mrs. Emmerson Faulkner (Gladys R. Barker, Cornwall General Hospital, 1920), a daughter.

**Hewitt**—At Morden, Man., August, 1923, to Mr. and Mrs. Scott Hewitt (Barber, W.G.H., '19), a daughter.

**Jones**—At Edmonton, November 17th, 1923, to Dr. and Mrs. L. F. Jones (Lois Small, Galgary General Hospital), a daughter.

**Mack**—On June 28th, 1923, at Detroit, Mich., to Mr. and Mrs. Thomas Mack (Florence Hiscock, Kingston General Hospital, 1914), a daughter, Florence Elizabeth.

**Manson**—In Stratford, Ont., September 9th, 1923, to Mr. and Mrs. A. B. Manson (E. J. McArthur, Toronto Western Hospital, 1908), a daughter.

**McIntosh**—At the Royal Columbian Hospital, New Westminster, September 25th, 1923, to Mr. and Mrs. McIntosh (Pat. Friar, R.C.H.), a son.

**McLeod**—On October 29th, 1923, to Mr. and Mrs. Ward McLeod (Gladys Rippon, Hospital for Sick Children, Toronto, 1915), a daughter, Joan Isabel.

**Patterson**—At Winnipeg, Man., June 19th, 1923, to Mr. and Mrs. D. A. Patterson (McKinistry, W.G.H., 1920), a daughter.

**Peach**—At Winnipeg, Man., August 4th, 1923, to Mr. and Mrs. G. E. Peach (Hewitt, W.G.H., 1920), a daughter.

**Smeaton**—At the Montreal Maternity Hospital, October 11th, 1923, to Mr. and Mrs. J. Smeaton (B. Buchan, Western General Hospital, Montreal, 1910), a son.

**Stewart**—To Mr. and Mrs. James Stewart (Rooney, W.G.H., 1911), at Winnipeg, Man., September 4th, a daughter.

**Waldie**—At Winnipeg, Man., August 23rd, 1923, to Mr. and Mrs. Rex Waldie (Parker, W.G.H., 1920), a son.

## MARRIAGES

**Andrews-Runcie**—At Christ Church, Vancouver, B. C., October 25th, 1923, Jane McKellar Runcie (Vancouver General Hospital, 1921) to Mr. Henry Ivan Andrews. Mr. and Mrs. Andrews will reside at Powell River, B.C.

**Brazier-Ghent**—At Burlington, Ont., October 17th, 1923, Frances Evelyn Ghent (Hamilton General Hospital) to Wallace Brazier, of Hamilton.

**Brown-Robinson**—At St. Barnabas' Church, Toronto, November 10th, 1923, Mona Robinson (Wellesley Hospital, Toronto, 1922) to Raymond E. Brown. They will reside in Chicago, Ill.

**Cameron-McKenzie**—At Winnipeg, Man., September 1st, 1923, Muriel McKenzie (Winnipeg General Hospital, 1919) to Mr. D. L. Cameron.

**Carson-Taylor**—At Boissevain, Man., July 18th, 1923, Eva Taylor (Winnipeg General Hospital, 1920) to Dr. Harry Carson.

**Enwright-Clear**—On October 23rd, 1923, Mildred Clear (Royal Victoria Hospital, Montreal, 1923) to James Enwright, M.D., of Detroit, Mich.

**Gavel-Gardyne**—At Montgomery Center, Vt., on October 4th, 1923, Marion Helen Gardyne (Jeffery Hales' Hospital, 1921) to Mr. Harold V. Gavel.

**Hadley-Buchanan**—On September 22nd, 1923, at San Pedro, Cal., Louise Buchanan (Royal Columbian Hospital, New Westminster, B. C.) to Harold A. Hadley, of Southsea, Hants, England.

**Harris-McClary**—On October 10th, 1923, at Salford, Ont., by the Rev. J. M. Copeland, Margaret Ethel McClary (Hamilton General Hospital) to Edward Dalton Harris, Hamilton.

**Harris-Nixon**—At Kello, Sask., August 3rd, 1923, Miss L. Nixon (Winnipeg General Hospital, 1923) to Mr. Jack Harris.

**Henderson-Chadborn**—At Hazelton, B. C., October 3rd, by the Rev. V. H. Sansum, Evelyn M. Chadborn (Royal Devon and Exeter Hospital, England) to Mr. R. A. Henderson, of County Derry, Ireland.

**Hunter-Scholes**—At Winnipeg, Man., October 10th, 1923, by the Rev. Dr. Christie, Mary Evelyn, youngest daughter of James Scholes, Kingston, Ont. (Kingston General Hospital, 1918), to Charles Brownlow Hunter, Jasper, Alta.

**Hutcheon-Eisele**—At Christ Church, Calgary, September 8th, 1923, Emily Eisele (C.G.H., 1910) to Mr. Alexander Hutcheon, of Prince Albert, Sask.

**Jess-Wright**—In Regina, Sask., October 20th, 1923, Violet Wright (Winnipeg General Hospital, 1919) to Mr. John Jess, of Victoria, B. C.

**Kirby-McDougal**—At Regina, Sask., October 22nd, 1923, Gertrude McDougal (Winnipeg General Hospital, 1922) to Mr. Earl Kirby, of Regina.

**Luciani-Galbraith**—At Quebec, June 6th, 1923, Myrtle Galbraith (Jeffery Hales' Hospital, Quebec, 1921) to Mr. Albert Luciani.

**Morrison-Leavitt**—At Montreal, October 18th, 1923, Margaret P. Leavitt (Western General Hospital, 1915) to Mr. Stanley Morrison, of Montreal.

**Olson-Thompson**—At Selkirk, Man., July 21st, 1923, Gudron Thompson (Winnipeg General Hospital, 1919) to Dr. J. Olson.

**Rathbone-Hanna**—At Toronto, Ont., November 7th, 1923, Elsie Hanna (Wellesley Hospital, Toronto, 1923) to Walter Rathbone. They will reside at 349 St. Clair Avenue, East, Moore Park.

**Smith-Ramage**—At Regina, Sask., June 20th, 1923, Margaret Jean Ramage (Winnipeg General Hospital, 1919) to Mr. H. G. Smith.

**Smith-Tessier**—On October 31st, 1923, at St. John's, Newfoundland, Annie Ruby Tessier (Western General Hospital, Montreal, 1916) to Lewis Smith, M.P.P., Alberta Co., New Brunswick.

**Starrett-Savage**—At Guelph, Ont., November 7th, 1923, Grace Savage (Wellesley Hospital, Toronto, 1923) to Raymont Starrett. They will reside at Sheldon, Iowa.

**Stillwell-Nash**—At Pittsburg, Pa., October 20th, 1923, Gladys Nash (Wellesley Hospital, Toronto, 1919) to Erwin C. Stillwell. Mr. and Mrs. Stillwell will reside at 225 Grant Avenue, Morgantown, West Virginia.

**Thompson-McKenzie**—At Brandon, Man., August 7th, 1923, Wilmot McKenzie (Winnipeg General Hospital, 1920) to Mr. Douglas Thompson.

**Welsh-Van Steenburgh**—Recently, Sarah Van Steenburgh (Jeffery Hales' Hospital, Quebec, 1920) to Mr. Russell Welsh. Mr. and Mrs. Welsh are residing in Montclair, N. J.

## DEATHS

**Fleming**—At Lashburn, Sask., October 19th, 1923, Harriet Fleming (Winnipeg General Hospital, 1922), of cerebral hemorrhage. Miss Fleming had only a short time before taken charge of the Cottage Hospital, Lashburn. The burial took place in Kelleher, Sask.

**Harrington**—At St. Joseph's Hospital, London, Ont., September 24th, 1923, Margaret Harrington (St. Joseph's Hospital, 1920). The Alumnae Association, at a recent meeting, sent sympathy to relatives and friends, wishing them to know how her fellow-nurses appreciated the high standard of her work: the noble, self-sacrificing life she led, and her unfailing, buoyant faith. She will not be forgotten by the Alumnae of St. Joseph's Hospital, London.

**Newton**—In Regina, Sask., October 9th, 1923, the infant son of Mr. and Mrs. Lancelot Newton (Jessie M. Gent, Winnipeg General Hospital, 1909), aged one hour.

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Regular Meetings—First Friday in each month, 8 p.m.

Regular Meetings, First Friday of each month at 8 p.m.

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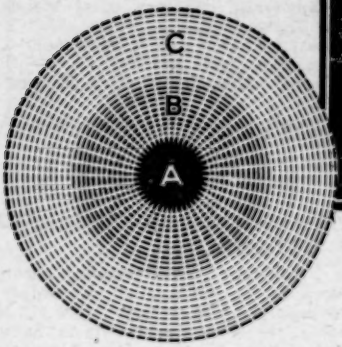


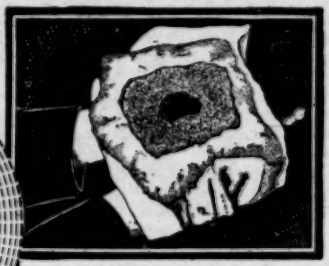

*Antiphlogistine poultice, some hours after application to inflamed area. Centre is moist, where exudate has been drawn from the congested tissues. Periphery, covering normal surrounding tissues virtually dry.*

# This chart shows the Osmotic action of Antiphlogistine

DIAGRAM represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine whose liquid contents therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis.

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The fundamental studies are arranged for through affiliation with General Hospitals.

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| | |
|---|---|
| Preliminary Course | 4 months |
| Medical Nursing | 6 months |
| Surgical Nursing | 3 months |
| Operating Room | 2 months |
| Children's Nursing | 3 months |
| Diet Kitchen | 2 months |
| Contagious | 2 months |
| Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin | 6 months |

Maternity Hospital—Last 8 months

| | |
|---|---|
| Mothers | 2 months |
| Babies | 2 months |
| Delivery Room | 1 month |
| Dispensaries—Prenatal, Delivery, Post-Partum and Social Service | 2 months |
| Milk Laboratories | 1 month |

Books, uniforms and maintenance throughout. Four weeks vacation yearly.

### POST-GRADUATE COURSE——4 months.

Arranged for graduates of accredited schools. This includes 6 weeks dispensary—prenatal, delivery and post-partum—service which is recognized and accepted by public health organizations throughout the country. Maintenance, and a monthly allowance of $25.00 for books and uniforms.

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Prepared for students of schools with limited or no obstetrical service.

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|---|---|
| Babies | 1 month |
| Mothers | 3 weeks |
| Delivery Room | 3 weeks |
| Out Patient Department | 3 weeks |

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3735 Cedar Avenue, Cleveland, Ohio.

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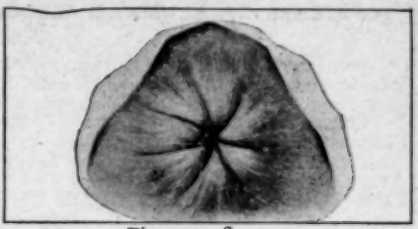
Proctitis



Fissure of anus

Cryptitis (focus of infection)

Internal and external hemorrhoids.

# LUBRICATION THERAPEUSIS
## IN RECTAL AND ANAL PATHOLOGY

PROCTITIS: According to a noted specialist, inflammation of the mucous membrane of the rectum is much more common than is generally thought. The indications for treatment are to produce a soft evacuation and to lubricate and soothe the bowel wall. Nujol accomplishes this and also reduces the time during which the fecal mass is held in contact with the inflamed membrane, thus quickening its healing.

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CRYPTITIS: Inflammation of the small intestinal pockets near the anus. It is a frequently overlooked cause of painful evacuations and a source of systemic infection. The hard fecal lumps are kept soft by the regular administration of Nujol. Nujol also forms a lubricating coat over the crypt, thus favoring healing and relieving the pain.

Nujol, the ideal lubricant, is the *therapeutic common denominator* of all types of constipation. Microscopic examinations show that a lubricant that is too heavy fails to permeate the feces, and one that is too light tends to produce seepage. Exhaustive clinical tests show the viscosity of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

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Vol. XX. No. 1

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# THE CANADIAN NURSE

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— OF —

## Trained Nurses

HAMILTON, ONT., JUNE, 1924

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